

Area growth spurs St. Peters expansion



Barnes St. Peters has announced a \$7 million expansion and renovation project in response to growth in the St. Peters area. The project will double the size of the emergency room and intensive care unit.

Construction of new emergency room, ICU to begin in March

The burgeoning growth of St. Charles County has led to the expansion and renovation of Barnes St. Peters Hospital. The hospital is planning a \$7 million program that will relocate and double the size of the emergency room and intensive care unit. Construction will begin in March and is scheduled to be completed by December, 1990.

The expansion is designed to meet the demand for modern and convenient quality healthcare

created by the tremendous growth in St. Charles County, according to John J. Gloss, Barnes St. Peters administrator.

The new emergency room will be moved to the hospital's west side. The design will allow patients to be assessed immediately upon arrival in the ER. There will be a separate treatment area for more seriously ill or injured patients.

The ER also will have "dedicated specialty" examination rooms equipped to treat pediatric, orthopedic, trauma, ophthalmology, gynecology and general emergency patients.

A new, larger waiting room will also include a consultation room, where doctors can discuss a patient's condition privately with family members. In addition, the helipad will be relocated near the ER, and the registration and parking areas will be expanded.

The intensive care unit will be located on the second floor, directly above the ER. Each of the 12 patient rooms will be fully visible from the centralized nursing station. The design, coupled with high-tech patient monitoring systems, "will provide better diagnostic information and improve response to patients' needs," said Mr. Gloss.

An ICU step-down unit will be relocated immediately adjacent to the new ICU.

Renovation of the operating rooms, short-stay surgery and endoscopy areas also is planned with a completion set for mid-1991. Plans call for two new operating rooms, new recovery and holding areas and new endoscopy suites.

"These have a high priority because so much emphasis is being placed on providing services on an out-patient basis, which previously required overnight hospitalization," said Mr. Gloss.

The materials management and maintenance departments also will be expanded.

Barnes St. Peters Hospital has 120 beds, with over 250 physicians on staff and more than 525 employees.

New surgical procedures treat incontinence

Two new surgical procedures that offer hope to women who suffer from urinary incontinence are being used at Barnes Hospital. The new procedures, the vaginal sling and the four-corner bladder suspension, can be more successful than previous procedures and result in shorter hospital stays, according to urologist Dr. Carl Klutke.

Urinary incontinence, or loss of bladder control, affects more than 20 million Americans, three-fourths of them women. Incontinence prompts more than half of all nursing home admissions and accounts for a \$1 billion pad and appliance industry, according to Dr. Klutke.

Risk factors include age and multiple pregnancies for women and prostate disease for men. Incontinence may be caused by either problems

with the bladder itself or the sphincter muscles in the bladder neck and urethra that close the bladder.

Traditionally, bladder suspension surgery is performed to correct cystocele, malposition of the bladder that occurs after the vaginal wall prolapses. In this surgery, the bladder is sutured back into a higher position, where it is supported by surrounding tissue. While the operation does correct the positioning of the bladder, it does not provide support for the bladder neck and urethra. Therefore, the procedure is only about 50 percent successful in helping patients regain urinary control.

Unlike the traditional bladder suspension surgery, two pairs of sutures are used in the new surgery to "suspend the bladder base and bladder neck similar to a suspension bridge," according to Dr. Klutke. The procedure, which Dr. Klutke helped to develop, is about 90 percent successful in stopping incontinence.

The operation is performed through the vagina, resulting in minimal pain, a shorter hospital stay and faster post-operative recovery, said Dr. Klutke.

The vaginal sling corrects incontinence caused by damage to the sphincter. In this operation, tissue from the anterior vaginal wall is used to make a "sling" for the urethra. Previously, surgeons had used the patient's abdominal tissue or Marlex, a man-made material, to fashion the sling.

However, man-made material can cause infection and use of abdominal tissue means additional surgery to harvest the tissue. Vaginal tissue, on the other hand, is effective and has its own blood supply.

As with suspension surgery, the vaginal sling is performed through the vagina. There is minimal blood loss and patients usually are discharged from the hospital two days after surgery.

For more information on these techniques, call (314) DOC-TORS (362-8677).

Front cover: Hospice staff members like RN Jan Hanneken provide hospice patients with medical care, companionship and an occasional smile.

Brain death determination presents challenges

"Brain death" has been clearly defined by the medical community. However, acceptance of a brain death determination can be difficult for both medical professionals and family members when faced with an individual patient.

While life is often complicated, death also has multiple factors to be considered, at least for those left in decision-making roles. A recent widely publicized case at Barnes involving a 14-year-old brain dead girl illustrates the complexities.

The patient arrived in the Emergency Department with a gunshot wound to the spinal column at the base of the head. The patient had gone into cardiac arrest, but was resuscitated and placed on mechanical support. Then, through accepted procedures, there was a determination of brain death.

The patient was a potential organ donor, and the family was informed of this option, as required by Missouri's "required request" statute. But the decision was complicated by the tragedy itself and other factors. Not only was acceptance of brain death understandably difficult while the heart was beating, the skin warm and respiration on-going—although supported by the respirator—the patient also was found to be between 11 and 14 weeks pregnant. Family members in this case declined organ donation and requested that the body be maintained until the organs naturally shut down, which occurred in a matter of days.

Keith R. Kuhlengel, M.D., neurosurgeon, understands the difficulty family members and even medical professionals face. "We think of life as being present as long as there is a heartbeat, but in fact, the organs and the patient's blood pressure and respiration can be completely main-

"We try and allow the family to come in and see the patient as much as possible. I encourage family members to touch, hold and even speak to the patient, even though there is a realization of brain death."

Joan Powers, RN

tained for a period of time through artificial means in the presence of brain death."

Brain death differs from a persistent vegetative state (PVS). With PVS, the brain stem continues to control the body's metabolism and there may be some brain function as well. These patients may breathe on their own when a respirator is removed and can remain alive for years.

Dr. Kuhlengel explains that brain death means the absence of any brain stem or brain activity. A determination begins with a neurological examination. Among other things, the doctors look for any neurological responses, such as the pupils responding to light; whether there is a gag reflex; and whether there is a grimace in response to a strong noxious odor. If the examination finds no signs that the brain is controlling the body, Dr. Kuhlengel approaches the family with this initial finding.

"I tell the family that we are not giving up hope, but that the patient appears to be brain dead. I inform them that they might begin to think about organ donation and that we will continue to conduct further tests."

A second neurological exam is done six hours after the first. If all signs remain negative, an "apnea" test is conducted. This consists of tak-

ing the patient off the respirator and administering pure oxygen into the lungs. The carbon dioxide level in the blood rises, because respiration is not pulling off this gas. Normally, the rise would trigger respiration. For a period of 10 minutes as the CO₂ rise is closely monitored, the doctors wait for any signs of spontaneous respiration.

The two neurological exams, plus the apnea test, might be sufficient to determine brain death, according to Kuhlengel. He explained that EEGs are not reliable in making a determination because activity can be picked up simply from life-support machinery. However, one final test confirms brain death.

This exam, called a radio nuclide blood flow test, seeks to detect whether there is any blood flow to the brain and stem. A low level of radioactive nuclides is administered into the blood stream and tracked by a portable scanner. If no trace of the radioactive material is found in the brain or brain stem, a determination of brain death is complete.

If the organs were not damaged in the tragedy that brought the patient to this point, organ donation may be an option. "I tell the family that this is a unique situation in which there is an opportunity to benefit others," says Dr. Kuhlengel. He adds that the other options are to merely shut off the ventilator or to maintain support "knowing that despite all our efforts the heart will stop beating in a matter of days."

Without brain stem control of the heart rate and blood pressure, the heart eventually becomes ischemic from a poor blood supply to the heart muscle itself, and fails. But for a period of hours to a maximum of about one week, blood pressure can be maintained with medication, primarily dopamine. This can allow time for organ retrieval, which generally occurs within 48 hours of a declaration of brain death.

Critical care nurses play a special role through the decision-making process. Joan Powers, an R.N. who has worked with organ donors in the neurosurgery intensive care unit, says there is "extra care for both the family and patient."

"We try and allow the family to come in and see the patient as much as possible. I encourage family members to touch, hold and even speak to the patient, even though there is a realization of brain death," she says.

Ms. Powers says the time after a decision to donate is a "race against the clock." The patient is continuously monitored by nurses and doctors who try and maintain blood pressure while the organ retrieval and transplant teams are assembled.

While the nursing and medical care is tedious, Ms. Powers finds it rewarding. "As a nurse, you are challenged to help maintain the patient so as to help the family. It's rewarding when the family can feel that something good has come of their tragedy."

Barnes donor increase bucks regional trend

While organ donation has dropped regionally, the number of organ donors at Barnes Hospital this year has already doubled last year's total.

This year, surgeons at Barnes have retrieved organs from eight donors, as compared to just four last year. There have been 16 kidneys, five hearts, six livers, four pancreata, one lung and two heart valves retrieved from those eight, according to Barry Friedman, senior organ procurement coordinator for Mid-America Transplant Association. These figures do not reflect the total number of transplants performed at Barnes, which are often accomplished with organs retrieved from other sites.

Because of Barnes' large transplant waiting lists and the hospital's capability to perform all major organ transplants, most of the organs retrieved here were used here, said Mr. Friedman. In May, five recipients at Barnes received organs from a single donor, a first for the St. Louis area.

Both Mr. Friedman and Dr. Douglas W. Hanto, director of transplantation at Barnes, credit neurosurgery chief resident Dr. Keith R. Kuhlengel and the neurosurgery ICU nursing staff for the donor increase. Dr. Kuhlengel and the staff have systematically approached patients' families and have carefully explained the option of organ donation.

"The staff realizes that grieving families, when approached in an appropriate manner, are able to make rational decisions, and that organ donation is a way to bring something positive out of a tragic situation," said Mr. Friedman.

Dr. Hanto adds, "Even if the patient's family has never thought about organ donation, the ICU staff has the capability to educate them right then and there," said Dr. Hanto.

Although the increase in donation at Barnes is laudable, the number could be elevated further. In a major regional trauma center the size of Barnes, there could be as many as 35 potential organ donors each year, according to Dr. Hanto.

"We still need to educate the public about organ donation. And often, doctors and nurses are still not aware of the success of transplantation and the quality of life recipients have," said Dr. Hanto. When doctors are faced with a brain-dead patient, "they don't automatically think transplantation."

"Education is the key. People need to sign their donor cards, and, ideally, have their next of kin witness it," said Dr. Hanto. "People also need to tell their next of kin that they would like to donate their organs if the situation arises. Even though someone may have signed his or her donor card, we still need to ask the family's permission."

**For more information on organ donation, contact
Mid-America Transplant Association
at 991-1661**



Ellis Frohman

Frohman appointed lab director

Ellis Frohman has been named administrative director of laboratories at Barnes Hospital. Frohman was formerly assistant director of the Barnes Blood Bank. He joined the Barnes Staff in April 1985.

Frohman, who had served with the U.S. Army for 21 years, previously was director of the Camp Memorial Blood Bank at Fort Knox, KY.

New referral hours to improve access

To meet the increasing demand for physician referral requests, the Barnes Hospital Physician Referral Service has changed its schedule to provide better consumer access during weekday hours. Physician Referral is now staffed from 8 a.m. to 7 p.m., Monday through Friday.

"The new schedule is a change in focus for the service to help us meet our primary goal: to provide a centralized consumer access point for Barnes services," said Missy Counts, manager of the Referral Program.

The service had been staffed 24 hours a day, seven days a week. In addition to providing referrals, the staff nurses had monitored the Lifeline emergency response system, coordinated and emergency transfers from rural hospitals, and handled Illinois Public Aid authorization requests. Those functions have been transferred to appropriate departments.

Referral nurses will concentrate primarily on providing referrals, scheduling appointments for callers and providing information on Barnes-sponsored lectures, seminars and screenings.

OPTS expands donation service

The Barnes Hospital Outpatient Pheresis/Transfusion Service has expanded to include whole blood donation. Patients, staff and visitors may now donate blood for themselves or others at the Outpatient Transfusion Service (OPTS), second floor, Peters Building.

"We've had increased requests in the past few years from patients and their families to provide this type of service," said Marian Dynis, pheresis/outpatient transfusion clinical supervisor. The center had previously done only pheresis donation, in which select components are taken from the blood and the rest is returned to the donor.

Dynis said that the center now accepts autologous blood donations, directed donations and whole blood donations to the Barnes Blood Bank. Autologous donation involves patients who are scheduled for surgery donating blood several weeks before the procedure, with their doctors' approval. The blood is stored until the surgery, then used if necessary.

In directed donation, family members or friends of a patient who is scheduled for surgery or transfusion are designated to donate blood specifically for that patient.

Barnes staff members and visitors may also donate whole blood to the Barnes Blood Bank. All blood donated to the blood bank will be used at Barnes, said Dynis.

OPTS has added three full-time donor technicians to accommodate whole blood donations.

Donations may be made by appointment Monday through Friday from 8 a.m. to 4 p.m. For more information or to schedule donations, call the Outpatient Transfusion Service at 362-1489.

Holiday fashion show to benefit lung program

"La Vogue," a holiday fashion show to benefit the lung transplant program at Barnes Hospital, will be presented Sunday, Nov. 19, at 2 p.m., in The Tower Restaurant.

The program will begin with an hors d'oeuvre buffet with cocktails and a special presentation by Dr. Joel Cooper, head of the section of thoracic surgery at Barnes. Following the presentation, Barnes volunteers, lung transplant surgeons and KMOV-TV medical reporter Al Wiman will model holiday fashions.

The purpose of the event is twofold, according to "La Vogue" chairperson Nancy Foerderer, who received a double-lung transplant in August 1988. "The objective of this fashion show is not only to raise funds for the lung transplant program, but more importantly, to create public awareness of the miraculous medical advances being performed here. I am living proof of what research, technology and some of the world's brightest physicians can accomplish," says Mrs. Foerderer.

Since its inception in July 1988, the lung transplant team has performed more than 10 lung transplants, including the first single-lung transplant for emphysema in the U.S. and the first two lung transplant from a single donor in the U.S. Reservations are \$35 per person and can be made by calling the Barnes Development office, (314) 362-5195.

Volunteers needed for cholesterol study

The Lipid Research Center at Washington University School of Medicine is seeking individuals who have suffered a heart attack to participate in a test of cholesterol-lowering medication.

Participants will receive physical examinations, electrocardiograms, laboratory tests and eye exams. Most visits will involve having blood drawn and seeing a registered dietitian. Patients will be followed for about five years.

To be eligible, participants must be 21-75 years old with moderately elevated cholesterol levels

and must have suffered a heart attack within the last 14 months. Women may not be of child-bearing potential.

The center also is seeking healthy individuals with increased cholesterol levels for other studies. For more information, call the Lipid Research Center Monday through Friday, 1-4 p.m. at 361-8841.

Community Calendar

Thursday, November 9

Practical information on breast feeding is provided in a two-hour class that teaches the art and techniques to new mothers. This program also is recommended for parents who have not yet decided on breast or bottle feeding, as an aid in the decision-making process. Call (314) 362-MOMS for information.

Monday, November 13

Sleep apnea will be the topic at a free "Ask the Doctor" seminar at 7 p.m. in the East Pavilion Auditorium at Barnes. Dr. Stanley Thawley, Barnes otolaryngologist, will discuss the cause, symptoms and treatments of this potentially-deadly disorder. Call (314) DOC-TORS (362-8677) to register.

Tuesday, November 14

Prepared childbirth classes are taught by registered nurses at Barnes as a six-week program for mother and coach. The series includes information on Caesarean birth and a tour of Barnes' delivery and maternity facilities. Monday and Wednesday classes are also available throughout the year. Call (314) 362-MOMS for more information.

Wednesday, November 15

Depression: Why Doesn't It Go Away? is the topic of a free seminar presented by Dr. Marcel Saghir, Barnes psychiatrist. The program begins at 7 p.m. at the Thornhill Branch Library, 12863 Willowick at Fee Fee Road in west St. Louis County. Seating is limited. To make reservations, call (314) DOC-TORS (362-8677).

Thursday, November 16

The basics of caring for a newborn are covered in a two-hour class for new parents. Information discussed includes bathing and dressing an infant, tips on how to soothe a fussy baby, infant safety issues, common concerns of new parents, and hints on how to play with and get to know the new addition to the family. Call (314) 362-MOMS for more information.

Saturday, November 18

Grandparents anxiously awaiting arrival of the new baby in the family can refresh their child care skills at an informal two-hour class led by Barnes maternity nurses. Recent trends in prenatal care, childbirth and infant care are discussed, and a tour of the childbirth area is included. Call (314) 362-MOMS for information about charges and registration.

Wednesday, December 6

A free vision screening and lecture is scheduled from 6 to 9 p.m. at Belleville Area College, 2500 Carlyle Road, Belleville, IL. Dr. Michael Kass, Barnes ophthalmologist, will discuss the causes and treatments of glaucoma and cataracts from 7 to 8 p.m. To make reservations, call (314) DOC-TORS (362-8677).



With a team of registered nurses, social workers and a legion of volunteers, Barnes Hospice offers patients a wide range of medical and social services. Care can be provided in the hospital, but about 90 percent of a Hospice patient's time is spent at home.

Hospice Helps Families Keep Their Promises

*... But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.
"Stopping by Woods on a
Snowy Evening"
by Robert Frost*

by Sharon Pentland

How will I die? A question most of us contemplate off and on throughout our lives, usually when a relative or friend dies, when death seems close to us.

For the staff at Barnes Hospice Program, the issue of how people die is a daily, if not minute-by-minute, concern. This specialized division of Barnes Home Health Services is staffed by experts who help terminally ill people and their families cope with approaching death. They do it step by step through an often complex, sometimes terrifying journey for patients. Throughout, their objective remains: People should not die alone. People should not die in pain.

"One of the first things we tell patients and their families when they're referred to us is, 'We're going to see you each day. We're going to walk you through this process,'" says Paula Gianino, hospice manager.

Hospice is derived from the Latin word "hospes," which means "a place of rest." But what exactly is hospice? To many, the word still symbolizes a place, a building or an institution where people go to die. And in the 1960s and 1970s, hospice programs were structured as inpatient programs. However, in the 1980s, state-of-the-art hospice care became a program that emphasized caring for the terminally ill within the familiarity of patients' homes, not in institutions.

Barnes, like most hospice programs throughout the country, prefers to offer inpatient care only when necessary. In fact, 90 percent of a patient's days in the Barnes Hospice Program are spent at home; 80 percent of patients die at home.

"It takes a lot of coordination, a lot of working with the family to make death at home possible," says Miss Gianino. "As death draws nearer, patients may need more sophisticated equipment or stronger medications for pain or control of their symptoms. Our hospice staff provides the additional training and additional emotional support for family members that's needed at this time. If needed, we can almost duplicate the care available in the hospital environment."

Barnes Hospice Program began in January 1986. Barnes administrators decided to begin a hospice program, in part to provide a "continuum of care" for Barnes patients. This continuum offers patients excellence in health care through all stages of their lives.

One of the people who initiated the program was the late Dr. Morton Binder, an esteemed physician who became the program's first medical director. Dr. Binder shared a feeling with many of his colleagues: that physicians who have known and cared for their patients for years should be able to provide care for their patients within the Barnes system when they become terminally ill.

Previously, terminally ill patients were referred to other hospice programs or cared for in the hospital's system without the benefit of hospice.

Physicians were ready for a hospice program, and the time was right for it. By the 1980s, hospice gained acceptance as a legitimate



Peggy Smith, RN, patient care manager, is one of a team of professionals who helps families through the process of losing a loved one. Members of the Hospice staff even keep in touch with families after their loss to offer support and counseling in the grieving process.

healthcare specialty. It was no longer a theory or radical idea.

Medicare created a special hospice package of benefits, and in 1988, Barnes Hospice Program became Medicare/Medicaid certified. It is now one of approximately 2,000 hospice programs in the United States and one of 15 in St. Louis.

In recent months, Barnes Hospice has established a program at Barnes St. Peters Hospital to provide care to patients in St. Charles County. Future plans include hospice units in two Barnes-operated nursing homes now under construction.

"I know I did everything I could for my loved one. I have no regrets. I kept my promises."

Barnes Hospice Program has a multidisciplinary staff: medical director Dr. Bernard L. Shore, registered nurses, a home health aide, a social worker, a secretary, a chaplain, and a legion of volunteers. Even though they are all part of the Department of Home Health, Miss Gianino emphasizes that the staff functions exclusively as specialists in hospice care—a unique feature that sets the Barnes hospice team apart from other programs.

Working with people who are dying takes a certain breed of healthcare professional. The level of expertise that hospice nurses are expected to provide is all encompassing. They need a wide background of clinical skills to treat the variety of medical problems they encounter. These healthcare professionals also must be able to mix compassion with toughness.

"They have to want to help other people but they have to be assertive, too," said Peggy Smith, R.N., Barnes hospice patient care manager. "They need a certain separateness and they need to be comfortable with adversity and constant change."

Even the most seasoned hospice providers struggle with their feelings when they are faced with one of their most difficult dilemmas: the death of a young patient. In Barnes Hospice Program, the relatively young terminally ill patient is not uncommon. Forty percent of Barnes Hospice patients are under age 60.

The staff copes with different types of stresses as they treat a young population of dying people, whether it's a 32-year-old woman with an 8-month-old baby or a man in his 20s with AIDS.

"What we tend to find is that younger patients don't have the heart and lung diseases that an older patient would. And as a result, they tend to live longer in the terminal phase of their illness," says Miss Smith.

For younger patients and their families the dying process is harder, much, much harder," adds Miss Gianino, "both from a physical and an emotional point of view. It just seems to go against the natural order of things."

Families contact Hospice directly for any change in their plan of care and most patients and their families feel reassured that getting help for the patient and themselves is just a matter of calling the hospice telephone number, whether they need a drug prescription filled,

medical equipment or a volunteer to come to their home to stay with a patient for a few hours.

"The best thing that we do is to make things more simple in a very difficult time for people," says Miss Gianino. "We tell patients and families: you have one phone number that you now need to know. That's ours. Call hospice first, and we will put into action everything that you need. You cannot imagine how reassuring this is for our families."

Hospice works best for people who are referred early to the program. The hospice team then has the necessary time to help a patient and family say goodbye, to make funeral plans and to prepare for death at home.

Through it all, the hospice team tries to help family members find meaning as caregivers in the process of dying. The hospice team helps the family keep promises to a loved one—to return home, to be cared for at home, and to die at home with dignity and support.

What would Miss Gianino like all family members to know at the end? What would she like

MEND Helps Pick Up the Pieces

To help family members recover from the death of a loved one, Barnes Hospital offers MEND (Meeting and Establishing New Directions), an informal support group that helps the recently bereaved.

MEND is designed to give grieving persons an opportunity to meet together, to learn from and support one another, and to share their feelings of loss in a safe and secure environment.

MEND is free. Meetings are held the first Tuesday of each month, 7-8:30 p.m. in the private dining room of the Barnes Hospital cafeteria. If you would like to attend a MEND meeting or would like more information about the group, call the Barnes Social Work Department, 362-5574.

each of them to be able to say? "I know I did everything I could for my loved one. I have no regrets. I kept my promises."



Peggy Ledbetter, a hospice volunteer, reads to a hospice patient in her home. In addition to providing support and care for patients, hospice volunteers provide family members with a respite from caregiving.

Hospice Volunteers: Being There When It Counts

Volunteers are the heart of the Barnes Hospice Program. Each month, they provide about 200 hours of service and travel up to 1,000 miles providing direct patient/family care.

"The volunteers symbolize the best of what hospice is—people helping people, not professionals helping patients," says Paula Gianino, manager of Barnes Hospice Program. "That's why national healthcare regulations require that volunteers make up an integral part of hospice programs."

The crucial role played by the Barnes Hospice volunteer was acknowledged this year by the American Hospital Association through its Award for Volunteer Excellence.

No other healthcare specialty but hospice mandates that volunteer must be trained and that they must provide a designated number of service hours to supplement the work of the professional hospice staff, Miss Gianino said.

Hospice volunteers are there when a family member needs respite from caring for a loved one for a few hours. They provide companionship counseling and assistance with

daily chores. They also were there during the Barnes Hospice Phone-A-Thon Oct. 23-27, making telephone calls to raise money for the Hospice Patient Care Fund.

The relationship between a volunteer and the family of a hospice patient does not end with the patient's death. Volunteers provide bereavement follow-up, which includes making periodic telephone calls and home visits to offer support to bereaved families and friends up to a year after a death.

The Barnes Hospice bereavement team is trained to make emotional and physical assessments of the well-being of the grieving person, and to offer support and counseling.

"Team members have been trained to say, 'Hello, how are you doing since Bill has died?'" says Miss Gianino. "They mention the unmentionable—the person's name who has died. Most people who have lost a loved one will say that no one brings up the name of the deceased. By using the name of the deceased, we continue to affirm that he or she was and still is important and that the relationship with the loved one continued even after the death occurred."

Employee retirements

Five long-term employees recently retired with a combined total of 99 years of service to the hospital. Mildred "Mickey" Bell, Ora Lee King and Rosa Parks, housekeeping; Alberta Maupin, nursing service; and Doris Thone, clinic nursing, each received certificates of appreciation from hospital president Max Poll at receptions in their honor.

Mickey Bell thinks Barnes Hospital is a fine place to work. "If I had to do it all over again, I'd do it here at Barnes," she said. She was first hired as a temporary summer housekeeper in 1973. But she was called back for a permanent position that fall. She worked as a housekeeper for the next 16 years. Although arthritis has slowed her down a bit, Mrs. Bell hopes to do a little traveling. Before she began working at Barnes, she was an avid seamstress, making all her clothes. She hopes to find enough time in retirement to begin sewing again.



Mildred Bell

Ora Lee King worked as a housekeeper at Barnes for 17 years. Most of that time was spent working in the operating rooms. After resting up, Mrs. King plans to visit her son, who is stationed in California, and enjoy spending time with her two grandchildren.



Ora King

Alberta Maupin believed in punctuality during her 29 years of continuous service at Barnes. "Although I didn't have to be at work until 6:30 every morning, I was here by 5:30," she said. Mrs. Maupin, worked as a unit aide, most recently on 7400. She was lucky, she said, to have co-workers and supervisors who were easy to work with. She plans to take her retirement "one day at a time," she said. Eventually she hopes to travel.



Alberta Maupin

Rosa Parks says she has seen many changes in Barnes Hospital since she joined the staff as a housekeeper 18 years ago. She began her career at Barnes working in Queeny Tower, but then moved to the operating rooms. During her retirement, Mrs. Parks plans to take it easy and visit her grandson in Washington, D.C.



Rosa Parks

Doris Thone has been an RN at Barnes for 19 years, spending the last several years in the medicine clinics. She said she will best remember the gracious and appreciative nature of the patients. Mrs. Thone plans to continue working as an advocate for senior citizens following her retirement. She recently enrolled in a University of Missouri Extension



Doris Thone

Service course in which each class takes on a long-term advocacy project. She also plans to spend time visiting her son and new grandchild in Chazy, New York.

Hospital notes

Dr. **Saulo Klahr**, Barnes nephrologist and director of the renal division at Washington University School of Medicine, received the Uremia Award at the Sixth Capri Conference on Uremia, held in September in Capri, Italy. Dr. Klahr was cited for his contributions to the understanding of the pathophysiology of chronic renal disease and in his insights into the mechanisms responsible for the progression of renal insufficiency. Dr. Klahr shared the award with Professor Carmelo Giordano of the University of Naples.

Dr. **Harry L. S. Knopf**, Barnes ophthalmologist, served as a "visiting faculty member" Sept. 17-23 aboard Project Orbis, the flying ophthalmic teaching hospital. While aboard the plane, which was stationed at Rijeka, Yugoslavia, Dr. Knopf lectured on cataract surgery and intraocular lenses. He also demonstrated surgical techniques via live, televised surgery, and assisted local surgeons performing extracapsular cataract extraction with lens implantation operations.

Dr. **Bruce L. McClellan**, Barnes physician and director of abdominal imaging at the Mallinckrodt Institute of Radiology, was appointed recently to the Board of Chancellors of the American College of Radiology (ACR). Dr. McClellan also serves as chairman of the ACR's Inter-Society Commission.

The **Barnes Hospital Social Work Department** hosted the annual conference of the National Network of Social Workers in Liver Transplant Oct. 26 and 27. Social workers from across the U.S. and Canada attended.

Dr. **Todd H. Wasserman**, Barnes physician, was a guest lecturer at the annual Dorit Ron Symposium on malignant lymphomas at Technion Institute of Technology, Technion, Israel. Dr. Wasserman lectured on gastric lymphomas, treatment of early stage Hodgkin's disease by radiation alone and lymphoma of the brain. More than 100 Israeli physicians attended. He was also a guest of the mayor of Migdal Haemek, a town just north of Haifa. Dr. Wasserman received a medal of the city in honor of his visit.

Dr. **J. Regan Thomas**, Barnes facial plastic and reconstructive surgeon, recently directed the Soft Tissue Surgery Workshop at Barnes Hospital. The program, for residents, primary care physicians and specialists from around the Midwest, was comprised of workshops and surgical laboratory sessions in recent advances and techniques in soft tissue surgery.

Dr. **Gary A. Ratkin**, a Barnes oncologist, is the recipient of the 1989 Professional Education Award by the Missouri Division of the American Cancer Society for a professional education program entitled "Cancer Pain Management Update 1989." Dr. Ratkin also received the Wendell Scott Award from the St. Louis American Cancer Society for contributions to oncology.

Dr. **Peter G. Tuteur**, Barnes internist, has been re-elected to the Board of Trustees of the American Society of Internal Medicine (ASIM) at group's annual meeting in Washington, D.C. Dr. Tuteur was first elected to the ASIM board in 1985.

Barnes Home Health featured in magazine

A profile of Barnes Home Health Services is contained in the July issue of *Caring* magazine, a publication of the National Association for Home Care.

An editorial introduction to the article described the Barnes program as "a good example of how well the hospital and home care marriage can work."

The story explained the four service lines: Home Health, Hospice, Home IV Care, and Home Medical Equipment. Authors were Helayne O'Keiff, director, Shari Mathews and Dennis Street, managers. Copies of the article are available by calling Barnes Public Relations at 362-5290.



Dr. William Catalona was interviewed by CNN in October about a new prostate screening test.

Media spotlight

Medical news at Barnes will reach a national audience with two news stories on the **Cable News Network (CNN)**. CNN interviewed Dr. Joel D. Cooper, head, thoracic surgery, Oct. 16, about a new surgical technique to remove the thymus gland in patients suffering from myasthenia gravis. Dr. Cooper explained that his procedure uses an incision at the base of the neck instead of opening the chest cavity, thereby reducing the patient's hospital stay. On Oct. 17, Dr. William J. Catalona was interviewed by CNN about a promising new **prostate cancer** screening test. Both stories will run in November.

Joseph Burke, emergency department administrative director, discussed **emergency medical services (EMS)** week on KEZK-FM/WRTH-AM's Sunday morning public affairs show, Sept. 17.

KMOV-TV interviewed **Dr. Ann G. Martin**, dermatologist, about the potentially life-threatening effects of **psoriasis**, Sept. 18. Dr. Martin cautioned that medical attention should be sought at the first signs of this condition.

Dr. Lawrence A. Gans, ophthalmologist, explained the possible risks of **extended wear contact lenses**, Sept. 21, on KSDK-TV. Dr. Gans suggested more frequent cleaning and removal of extended wear contact lenses than had previously been recommended in order to avoid infection.

Thursday, Sept. 28, marked the premiere of "Sun Health," the weekly **St. Louis Sun** column that answers health questions from the public. The Barnes Hospital physicians who answered the first installment of questions were: **Dr. Anne C. Goldberg**, endocrinologist, who discussed types of **cholesterol** and their proper levels, **Dr. Theodore A. Jackson**, plastic surgeon, who explained **board certification** and **Dr. Ben Barzilai**, cardiologist, who noted the **benefits of aspirin** in reducing the risk of heart attacks.

The public public affairs show, "Turnabout," on KTVI-TV, Oct. 1, included an interview with **Dr.**

Gary A. Ratkin, oncologist, about his views on alternative **cancer treatments**.

KSDK-TV interviewed **Dr. Bruce H. Cohen**, ophthalmologist, Oct. 4, about the possible effects of **video display terminals (VDTs)** on the eye. He recommended occasional breaks from work to reduce eye strain.

Dr. V. Leroy Young, plastic and reconstructive surgeon, explained the operation that President George Bush underwent to remove a **mycoid cyst** from his finger, Oct. 5. Dr. Young said the procedure is extremely routine and low risk.

Gifts To Barnes Hospital

Listed below are the names of persons (honorees in **boldface**) who made contributions during September 1989 to the funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the development office. The Auxiliary coordinates the Tribute Fund, which is used for specific hospital projects.

September 1, 1989 through September 31, 1989

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Robert Morgan, an OR staff nurse, serves a bowl of his best chili to a customer at the Kidney Foundation Chili Cook-Off, Oct. 7. A team of employees sponsored by Barnes Hospital cooked up 10 gallons of chili and placed 19th out of 125 teams.

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